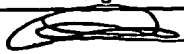


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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>																																					
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<b>Address to:</b> <b>Box PATENT APPLICATION</b> Commissioner of Patents P.O. Box 1450 Alexandria, VA 22313-1450		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Attorney Docket No.</td> <td style="padding: 2px;">CHAN3210/EM</td> </tr> <tr> <td style="padding: 2px;">First Named Inventor (or identifier)</td> <td style="padding: 2px;">Sen-Chia CHANG</td> </tr> <tr> <td style="padding: 2px;">Total Pages</td> <td style="padding: 2px;">60</td> </tr> </table>		Attorney Docket No.	CHAN3210/EM	First Named Inventor (or identifier)	Sen-Chia CHANG	Total Pages	60																												
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Transmitted herewith is a patent application under 37 CFR 1.53(b).																																					
Entitled:	Method And System For Utterance Verification																																				
<input checked="" type="checkbox"/> 1. Submitted herewith are the following: 17 pages of specification, including claims and Abstract. 5 sheets of FORMAL drawings (Figs. 1-5). 20 claims. 1 Oath/Declaration signed by each inventor. 1 Application Data Sheet. 1 Assignment of the invention to Industrial Technology Research Institute, Hsinchu, Taiwan, R.O.C., Cover Sheet, and payment of the \$40 recordal fee. 1 certified copy of Taiwan appl no. 92108577. Priority is claimed. 1 check in the amount of \$790 (\$750- Filing Fee; \$40- Assignment Recordation Fee).  <input type="checkbox"/> 2. SMALL ENTITY STATUS IS ASSERTED pursuant to 37 CFR 1.27 for this application.  <input checked="" type="checkbox"/> 3. The Commissioner is authorized to credit any overpayment and charge any deficiency in any fees required under 37 CFR 1.16 and/or 1.17, to Deposit Account No. 02-0200.  <input type="checkbox"/> 4. Insert before the first sentence of the specification: -- This application claims the benefit of provisional application number _____ filed _____. -- <input type="checkbox"/> 5. Insert before the first sentence of the specification: -- This application is a Continuation-in-part of nonprovisional application number _____ filed _____. -- <input type="checkbox"/> 6. Other: _____																																					
The registered practitioners representing applicant(s) are J. Ernest Kenney, Reg. No. 19,179; Eugene Mar, Reg. No. 25,893; Richard E. Fichter, Reg. No. 26,382; Thomas J. Moore, Reg. No. 28,974; Joseph DeBenedictis, Reg. No. 28,502; and Benjamin E. Urcia, Reg. No. 33,805.																																					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="text-align: center; padding: 2px;">THE FILING FEE IS CALCULATED AS FOLLOWS:</td> <td style="text-align: right; padding: 2px;">Basic Fee:</td> <td style="text-align: right; padding: 2px;">\$750.00</td> </tr> <tr> <td style="text-align: center; padding: 2px;">Total Claims:</td> <td style="text-align: center; padding: 2px;">20</td> <td style="text-align: center; padding: 2px;">- 20 =</td> <td style="text-align: center; padding: 2px;">0</td> <td style="text-align: right; padding: 2px;">X \$18 =</td> <td style="text-align: right; padding: 2px;">\$0.00</td> </tr> <tr> <td style="text-align: center; padding: 2px;">Independent Claims:</td> <td style="text-align: center; padding: 2px;">2</td> <td style="text-align: center; padding: 2px;">- 3 =</td> <td style="text-align: center; padding: 2px;">0</td> <td style="text-align: right; padding: 2px;">X \$84 =</td> <td style="text-align: right; padding: 2px;">\$0.00</td> </tr> <tr> <td colspan="4" rowspan="3" style="padding: 2px;">           Correspondence Address:  <b>BACON &amp; THOMAS, PLLC</b>            625 Slaters Lane, 4<sup>th</sup> Floor            Alexandria, VA 22314-1176         </td> <td style="text-align: right; padding: 2px;">Multiple Dependent Claim (add \$280.00):</td> <td style="text-align: right; padding: 2px;">\$0.00</td> </tr> <tr> <td style="text-align: right; padding: 2px;">Subtotal:</td> <td style="text-align: right; padding: 2px;">\$750.00</td> </tr> <tr> <td style="text-align: right; padding: 2px;">50% Reduction if Small Entity Status:</td> <td style="text-align: right; padding: 2px;">\$0.00</td> </tr> <tr> <td colspan="4" style="padding: 2px;">           Phone: 703-683-0500      Fax: 703-683-1080         </td> <td style="text-align: right; padding: 2px;">Total:</td> <td style="text-align: right; padding: 2px;">\$750.00</td> </tr> </table>				THE FILING FEE IS CALCULATED AS FOLLOWS:				Basic Fee:	\$750.00	Total Claims:	20	- 20 =	0	X \$18 =	\$0.00	Independent Claims:	2	- 3 =	0	X \$84 =	\$0.00	Correspondence Address: <b>BACON &amp; THOMAS, PLLC</b> 625 Slaters Lane, 4 <sup>th</sup> Floor Alexandria, VA 22314-1176				Multiple Dependent Claim (add \$280.00):	\$0.00	Subtotal:	\$750.00	50% Reduction if Small Entity Status:	\$0.00	Phone: 703-683-0500      Fax: 703-683-1080				Total:	\$750.00
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July 29, 2003	Eugene Mar			25,893																																	

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